



Request for an Exception to a Transportation Impact Fee (TIF) Requirement

Project Name: _____ Date of Request: _____

Project Number: _____

APN: _____

Requestor Name: _____

Telephone: _____

Mailing Address: _____

Requested Exception/Modification: _____

Reason for Requested Exception/Modification (provide attachment if necessary): _____

Justification for the Request (explain in detail, decision will be based on info provided): _____

"I declare under penalty of perjury under the laws of the State of California that the statements made herein are true and correct."

Signed _____ Date _____

DECISION

Request Recommended /

Not Recommended

Transportation Planning PM

Date: _____